THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE:. Congress returns to Washington this month facing a daunting series of challenges. Work on the current fiscal year's appropriations has yet to be finished, and budget constraints for next year make flat funding or cuts in needed programs likely. All of these pressures make significant help for the states – themselves facing historic budget shortfalls – less likely. Not a pretty picture for the new Congress or for public health advocates coming to grips with these new realities. If there is any good news it is that public health in this environment makes even more sense than ever, with its ability to prevent illness and disability and some of the costs of acute illness. Making this case in Washington has never been easy, but these times are right for increased rather than decreased federal support for public health programs. A wide range of public health advocates are preparing to make this case in Washington in the new year – we wish them much luck.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Legislation cited in the report can be

accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

CDC PREPARES MICROBIOLOGISTS FOR DETECTING INCREASING ANTIMICROBIAL RESISTANCE --The Centers for Disease Control and Prevention (CDC) has developed a new training tool to assist laboratorians in selecting and using appropriate testing methods to detect antimicrobial-resistant strains of bacteria. The new tool, an interactive CD-ROM-based training course, provides the most extensive compilation of information on antimicrobial resistance testing available to date**.**

"Antimicrobial susceptibility testing has become more complex in recent years as new drugs have become available and resistance has emerged," said Dr. Steve Solomon, acting director of CDC's healthcare quality promotion program. "This CD-ROM will help microbiologists on the front lines to better detect this emerging problem, which significantly impacts public health across the United States."

CDC estimates that more than 70 percent of the bacteria that cause hospital-acquired infections are resistant to at least one of the drugs most commonly used to treat those infections.

"Accurate antimicrobial susceptibility test results not only help physicians choose the best therapy for their patients, but guide infection control efforts to the most serious infections," said Dr. Fred Tenover, a CDC expert on antimicrobial susceptibility testing and one of three co-authors of the CD-ROM.

CDC plans to distribute approximately 10,000 copies of its new training tool to microbiologists around the country. Upon completion of the course, scientists can receive up to eight hours of continuing education credits (CEUs), marking the first time the agency has offered CEU credits for programs designed to help in identifying antimicrobial-resistant bacteria.

The target audience for this course includes microbiology laboratory directors, supervisors and medical technologists who perform or interpret the results of antimicrobial susceptibility tests in clinical or public health laboratories. Others who are likely to benefit from this program include physicians, pharmacists and medical students. This training tool complements other CDC resources for microbiologists including CDC's multi-level antimicrobial susceptibility testing educational resources (MASTER) website and a series of national training programs. This website is intended to keep microbiologists informed of antimicrobial susceptibility testing issues related to clinical microbiology laboratory practice. The website can be found at http://www.phppo.cdc.gov/dls/master/default.asp.

These tools are part of the overall CDC campaign to prevent antimicrobial resistance in health care settings. The CD-ROM assists institutions in achieving one of the strategies of the campaign; to diagnose and treat infections effectively.

For more information about CDC's campaign to prevent antimicrobial resistance in healthcare settings go to http://www.cdc.gov/drugresistance/healthcare/. For more information about CDC's seven health care safety challenges to improve patient safety go to http://www.cdc.gov/ncidod/hip/challenges.htm.

2002 MONITORING THE FUTURE SURVEY SHOWS DECREASE IN USE OF MARIJUANA, CLUB DRUGS, CIGARETTES AND TOBACCO --Results from the annual Monitoring the Future Survey of 8th, 10th and 12th grade students in U.S. schools indicate that use of marijuana, some club drugs, cigarettes and alcohol decreased from 2001 to 2002, according to the Department of Health and Human Services.

The survey shows that the proportion of 8th and 10th graders reporting the use of any illicit drug in the prior 12 months declined significantly from 2001 to 2002. The decrease among 8th graders continues a decline in illicit drug use begun in 1997, but this is the first significant decline among 10th graders since 1998.

"This year's survey brings more encouraging news about the decline in teens' use of marijuana, ecstasy, cigarettes and alcohol," HHS Secretary Tommy G. Thompson said. "We will continue our campaign to educate every new generation of Americans about the dangers of drug abuse and enlist the help of parents, teachers and the community to keep our children healthy and drug free."

In addition to finding an overall decline in drug use, the survey also found the use of MDMA (Ecstasy) showed statistically significant declines for the first time after rising rapidly in recent years. Past month and past year MDMA use decreased significantly for all three grades lumped together, and, for individual grades, significant reductions were found for the 10th graders in these time periods. There were no increases in MDMA use for any of the grades.

"This year's survey shows a very promising downward trend in teens' use of marijuana, ecstasy, cigarettes and LSD," said Dr. Glen Hanson, acting director, National Institute on Drug Abuse (NIDA). "I want to congratulate the youth of America for making wise health decisions to avoid these substances. We will continue to provide them with science-based information to educate them about the dangers of drug abuse."
Marijuana use in the past year decreased significantly among 10th graders, reaching its lowest rate since 1995. Marijuana use by 8th graders also has declined in recent years and is now at its lowest level since 1994.

"Teen drug use is once again headed in the right direction -- down. This survey confirms that our drug prevention efforts are working and that when we work together and push back, the drug problem gets smaller," said John P. Walters, director of the White House Office of National Drug Control Policy.

In addition, LSD use declined sharply and significantly at all three grades in 2002. The decline was particularly large for 12th graders. Rates of LSD use are the lowest in the history of the survey among students in all three grades.

Steroid use remained stable from 2001 to 2002 in each grade and reporting period. The only significant increases in drug use were crack use by 10th graders in the past year and use of sedatives by 12th graders in the past year.

For the first time, the survey looked at the abuse of Oxycontin and Vicodin, prescription drugs used to relieve pain. Nonmedical use of Oxycontin in the past year was reported by 4.0 percent of 12th graders, and Vicodin use in the same time period was reported by 9.6 percent of 12th graders.

In addition, the survey showed important declines in adolescent alcohol use from 2001 to 2002. There were significant decreases in alcohol consumption by 8th and 10th graders. There were also declines in the proportions of 8th and 10th graders saying that they got drunk in their lifetime and in the previous year. Among 10th graders, having been drunk in the past month and binge drinking in the past two weeks also decreased.

Cigarette smoking decreased significantly in each grade, expanding on a recent trend. Significant declines occurred in all three grade levels in 2002, continuing a steady and substantial decline in teen smoking that began after 1996 among 8th and 10th graders, and after 1997 among 12th graders. Lifetime prevalence of smoking fell between 2001 and 2002 by between 4 and 5 percentage points in each grade, making clear that teenage cigarette smoking is now declining sharply.

In general, these declines in cigarette smoking are occurring among all subgroups: males and females, college-bound and not, all four major Census regions of the country, cities and rural areas, all socioeconomic strata, and the three major racial/ethnic groups (whites, African-Americans, and Hispanics). All of these subgroups have now shown substantial declines from peak levels of cigarette use.

"Lifetime" refers to use at least once during a respondent's lifetime. "Past year" refers to an individual's drug use at least once during the year preceding their response to the survey. "Past month" refers to an individual's drug use at least once during the month preceding their response to the survey.

The Monitoring the Future Survey, conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA), at the National Institutes of Health, has tracked 12th graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study. The 2002 study surveyed a representative sample of more than 43,000 students in 394 schools across the nation about lifetime use, past year use, past month use, and daily use of drugs, alcohol, and cigarettes and smokeless tobacco. Findings from the report will be available at http://www.nida.nih.gov/.

Monitoring the Future is one of three major surveys sponsored by HHS that provide data on substance use among youth. The other two are the National Household Survey on Drug Abuse (NHSDA), and the Youth Risk Behavior Survey (YRBS).

The NHSDA, sponsored by HHS' Substance Abuse and Mental Health Services Administration, is the primary source of statistical information on illicit drug use in the U.S. population 12 years of age and older. Conducted periodically from 1971 and annually since 1990, the survey collects data in household interviews, currently using computer-assisted self-administration for drug-related items. The findings for 2001 have recently been released and are available at http://www.drugabusestatistics.samhsa.gov. The Youth Risk Behavior Survey (YRBS), part of HHS' Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, is a school survey that collects data from students in grades 9-12. YRBS, which began in 1990 and has been conducted biennially since 1991, includes questions on a wide variety of health-related risk behaviors, not simply drug abuse. The most recent findings from YRBS, for 2001, are available at http://www.cdc.gov/nccdphp/dash/yrbs/index.htm.

STUDY IN LARGE HMO FOUND THAT INFANTS DISCHARGED 1 DAY AFTER BIRTH FARED AS WELL AS THOSE WITH LONGER HOSPITAL STAYS --

A new study sponsored by the federal Agency for Healthcare Research and Quality found no ill effects from discharging infants in a large Massachusetts HMO from the hospital 1 day after uncomplicated vaginal birth, compared with sending them home with their mothers 2 days after birth. But, because a sharp rise in hospital costs offset the savings realized by limiting postpartum stays to 1 day, the health plan's average per-delivery expenses decreased only $90 while this policy was in practice, according to the findings published in the December 19 issue of the *New England Journal of Medicine.*

After studying data on more than 20,000 pairs of mothers and newborn infants covered by the HMO, researchers found that emergency room visit and hospital readmission rates following hospital discharge did not change after the state established a 48-hour minimum stay. Prior to the minimum stay legislation, effective in 1996, the HMO normally covered only a 1-night hospital stay for infants and their mothers after birth. This early discharge protocol, first implemented in 1994, also included one home visit by a nurse within 48 hours of birth.

Rates of newborn hospital readmissions and emergency room visits were found to be stable over nearly 8 years, regardless of which hospital discharge policy was in place at the time of birth. On average, 1.1 percent of the newborns had emergency room visits not resulting in hospital admission, and 1.5 percent were readmitted to hospitals during the first 10 days of birth. However, the percentage of newborns receiving clinical evaluations on the third and fourth day after birth—which is when postpartum problems such as jaundice and feeding difficulties are most likely to occur—dropped when the state

mandate requiring a longer hospital stay replaced the early discharge program (from roughly 64 percent to 53 percent).

The research team was headed by lead author Jeanne M. Madden, Ph.D., and principal investigator Stephen B. Soumerai, Sc.D., both at Harvard Medical School and Harvard Pilgrim Health Care in Boston.

Details are in “Effects of a law against early postpartum discharge on newborn follow-up, adverse events, and health maintenance organization expenditures,” by Drs. Madden, Soumerai, Tracy A. Lieu, M.D., and others.

NEW BIRTH REPORT SHOWS MORE MOMS GET PRENATAL CARE --A new HHS report released today shows a significant increase in the number of women receiving prenatal care -- especially among Hispanic and black women.

The report shows that 83 percent of women received timely (in the first trimester) prenatal care in 2001, up from 76 percent in 1990. In addition, only 1 percent of women did not receive any prenatal care in 2001. During this time period, timely prenatal care increased among all race and ethnic groups, but was particularly evident among Hispanic and black women.

"We're continuing to make excellent progress in our efforts to have more women, particularly minority women, receive early prenatal care," HHS Secretary Tommy G. Thompson said. "Timely prenatal care is one of the best ways to ensure the health of mothers and their infants, and we will continue working to expand access to this essential care for all Americans."

The report, "Births: Final Data for 2001," prepared by HHS' Centers for Disease Control and Prevention (CDC), found that the percentage of Hispanic women who did not receive any prenatal care fell from 4.0 percent to 1.6 percent between 1990 and 2001, and the percentage of non-Hispanic black women who did not receive any prenatal care fell from 4.7 percent to 2.3 percent during the same time period.

"Good prenatal care protects a women's health not only during pregnancy but encourages good health habits -- such as not smoking -- which have life-long health benefits," CDC Director Dr. Julie Gerberding said.

The report, based on birth certificates filed in state vital statistics offices and reported to CDC, tracks many other important indicators of maternal and infant health and contains other positive findings. Cigarette smoking during pregnancy continued to decline, to 12 percent in 2001, compared to 20 percent in 1989, when smoking was first reported on the birth certificate.

The teen birth rate declined for the 10th consecutive year in 2001, as first reported in preliminary data released earlier this year. Over the past decade, the decline was

particularly significant for young teens, those 15-17 years of age, with the birth rate down by more than a third. For young black teens, the birth rate declined by nearly half.
The report also found that the percentage of infants born prematurely (at less than 37 completed weeks of gestation) rose to nearly 12 percent (11.9), its highest level in at least two decades. The rate of low birth weight climbed to 7.7 percent in 2001, up 13 percent from the mid-1980s. Some of the increase in low birth weight and preterm birth can be attributed to the rise in multiple births experienced over the past decade. Changes in obstetrical practice, such as greater reliance on induced labor and other efforts to safely manage delivery, may also be playing a role.

Other significant findings from the report include:

* There were 4,025,933 babies born in 2001, 1 percent fewer than the year before. The birth rate declined from 14.7 to 14.5 births per 1,000 population from 2000 to 2001.

* The twin birth rate rose in 2001. For the first time, twin births exceeded 3 percent of all births in the United States. Births to triplet and other higher-order multiple births rose 3 percent between 2000 and 2001.

* Births to unmarried women accounted for 33.5 percent of all births in 2001. This percent has been inching up over time as married women are having fewer children and the number of unmarried women grows. The number of births to unmarried mothers increased to a record high of more than 1.3 million in 2001, although the birth rate among unmarried women of childbearing age (15-44) actually declined slightly between 2000 and 2001, from 45.2 per 1,000 in 2000 to 45.0 in 2001.

* The proportion of births with induced labor has more than doubled since 1989. More than one in five births were induced in 2001.

* Cesarean deliveries increased for the fifth consecutive year in 2001 to the highest level reported since at least 1989. The primary cesarean rate jumped 5 percent and the rate of vaginal birth after previous cesarean delivery fell 20 percent.

The report, "Births: Final Data for 2001," can be found on CDC's National Center for Health Statistics web site at www.cdc.gov/nchs.

CDC BREAKS GROUND ON NEW SCIENTIFIC COMMUNICATIONS CENTER-- The Centers for Disease Control and Prevention (CDC) broke ground today on a state-of-the-art Scientific Communications Center that will house meeting space for scientific training programs for public health professionals, a hub for distance learning, and a place for visitors to study and learn about public health.

"This new communications center is a key step in achieving CDC's goal of encouraging exchange of the latest scientific and public health information between CDC, other public

health professionals, partners, and the public," said CDC Director Dr. Julie Louise Gerberding.

The new $62.5 million facility, expected to be completed in early 2005, will include

* production studios with capability of Internet webcast and satellite broadcasts to state and local health agencies and health care providers, interactive video, and a secure communications center;

* student-centered auditoria and classrooms equipped with technology for multimedia communication;

* learning resource center and public health library open to students and visiting scientists; and a

* public health museum that engages visitors in a variety of public health experiences and paints a picture of CDC history.